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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.

Global Spice Trade, LLC

Certificate of Status	1
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second request

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: GLOBAL SPICE TRADE, LLC
REF: W19000064959

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Tyrone Scott
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P.O BOX 6327 – Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

GLOBAL SPICE TRADE LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
23 AVE 32-25 ZONA 17	250 CATALONIA AVE
HACIENDA REAL, GUATEMALA	STE # 507
GUATEMALA	CORAL GABLES, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ALFREDO DE LA HOZ
Name

250 CATALONIA AVE STE # 507
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES, FL 33134
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

X
Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 JUL 18 AM 9:27

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	INVFAM CORP 35 BARRACK RD 3RD FLOOR BELIZE CITY, BELIZE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X _____
Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1)-(b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ROLANDO ARTURO MICHEO GIORDANO
Typed or printed name of signee

19 JUL 18 AM 9:27